

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # 10/51/275									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing Fee for claims			\$ 225 (DA)							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input checked="" type="checkbox"/>	Other Overpayment for search			\$ 50 O.A.							
		7 TOTAL AMOUNT OF REFUND charged \$ 225.									
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>1</td><td>9</td><td>--</td><td>2</td><td>2</td><td>5</td><td>3</td> </tr> </table>			1	9	--	2	2	5	3
1	9	--	2	2	5	3					
<input type="checkbox"/>	No Fee Due (Explanation):										
11 REFUND REQUESTED BY: _____											
TYPED/PRINTED NAME: <u>Winston Alvarez</u>		TITLE: _____									
SIGNATURE: <u>National Stage Processing</u>		PHONE: _____									
OFFICE: <u>Patent Specialist</u>											
		<u>(703) 305-6421</u>									

THIS SPACE RESERVED FOR FINANCE USE ONLY:											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: